

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011803

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 179Primary Registration District No. 5670Registrar's No. 33

STATE FILE NUMBER

FILED MAR 19 1962

1. PLACE OF DEATH

a. COUNTY Lincolnb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN NinevahLength of stay in 1b
16 yrc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 3 mi. N.W. of OlneyInside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Lincolnc. CITY
OR TOWNInside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

3 mi. N.W. of OlneyReside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Marcus David Parsons

4. DATE OF DEATH

Month

Day

Year

MARCH 16, 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Sept. 15, 1899

9. AGE (last birthday)

62

IF UNDER 1 YEAR

Months 5Days 25

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Corso MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

David F. Parsons

13b. MOTHER'S MAIDEN NAME

Martha Margaret Lewallen

14. NAME OF HUSBAND OR WIFE

Margaret Parsons15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Margaret Parsons Middletown R 1

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CORONARY ThrombosisINTERVAL BETWEEN ONSET AND DEATH
2 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

ARTERIO-SCLEROSIS.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

to

and last saw her alive on

Death occurred at 10:00 A.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL (CREMATION, REMOVAL) (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

BurialMarch 12 1962Olney CemeteryOlney Mo.

24. FUNERAL DIRECTOR

Address

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Ray McEay3-11-1962Charlotte Leek

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59105702057034 05 167 08 29 4201101112 90-313 1-0

STATEMENT BY LICENSED EMBALMER

hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed DW Mc Coy

Licensed Embalmer No. 3586

P. O. Address Troy Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.